

Carlsbad Housing Agency

CHANGE REPORT FORM

**DIRECTIONS:** 1) Fill out form completely;  
2) ATTACH DOCUMENT(S) OF CHANGE.

(A)			CASE INFORMATION: Write below the Head of Household’s Information.		
FIRST NAME		LAST NAME		HOUSING SPECIALIST <input type="checkbox"/> Cathy Gary <input type="checkbox"/> Rebeca Guerrero	
STREET ADDRESS			APT #		
CITY CARLSBAD CA	ZIP CODE		<input type="checkbox"/> PHONE NUMBER <input type="checkbox"/> MESSAGE NUMBER <input type="checkbox"/> CELL NUMBER		

**\*Please complete only the section(s) that apply to you.\***

(B)		INCOME CHANGES: There has been an <input type="checkbox"/> Increase <input type="checkbox"/> Decrease in monthly income for: <i>(ATTACH PAY STUBS, AWARD LETTER(S), EMPLOYER LETTER(S), NOTICES, etc. for all income changes.)</i>				
MEMBER NAME:  NEW AMOUNT: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		DATE CHANGED	EXPLANATION:			
MEMBER NAME:  NEW AMOUNT: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly		DATE CHANGED	EXPLANATION:			
(C)		FAMILY CHANGES; ADDING MEMBER(S): List the person(s) you are requesting to <u>ADD</u> to the household. Use an additional CHANGE REPORT FORM if adding more than two members.				
ADD PERSON:	LAST NAME	FIRST NAME	BIRTHDATE	SOCIAL SEC. #	REASON FOR ADDING	INCOME
1) Has this person ever been arrested for drug related activity or violent criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please explain:  						
2) Is this person subject to a lifetime sex offender registration? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ADD PERSON:	LAST NAME	FIRST NAME	BIRTH DATE	SOCIAL SEC. #	REASON FOR ADDING	INCOME
1) Has this person ever been arrested for drug related activity or violent criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please explain:  						
2) Is this person subject to a lifetime sex offender registration? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>Please be advised if you are requesting to add a member(s): 1) You <u>must</u> have the Housing Agency and Owner’s approval <u>before</u> the person moves into the household; 2) Please be advised that you will need to supply copies of picture I.D., birth certificate, Soc. Sec. card, and proof of income for each member being added at the time of your office appointment with your Housing Specialist;</i>						
<i>3) Persons being added that are 18 years of age and older must sign this <b>CHANGE REPORT FORM</b> below.</i>						
(D)		FAMILY CHANGES; REMOVING MEMBER(S): List the member(s) you are requesting to be <u>REMOVED</u> from the household. Use an additional CHANGE REPORT FORM if removing more than two members.				
REMOVE MEMBER:	LAST NAME	FIRST NAME	MOVE OUT DATE	REASON FOR LEAVING HOUSEHOLD:		
<i>Please be advised if you are requesting to remove a member(s): Documentation of the member’s new residence <b>MUST</b> be established before this member and this member’s income will be removed from the household. (Preferred documentation is a rental or lease agreement at the new residence or utility bill in the member’s name for the new residence)</i>						
(E)		OTHER INFORMATION YOU WISH TO PROVIDE:				

**WARNING:** MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487, 532) & MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! **IN ADDITION,** UNITED STATES CODE; UNDER TITLE 18; SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I/We certify that the information given to the Carlsbad Housing Agency on household composition, income, and family assets, are true and complete. I also understand that all changes in household composition, income, and family assets must be reported to the Housing Agency, in writing, within 15 days of its occurrence.

Signature of Head of Household	Date
Signature of Adult Member being added to Household	Date
Signature of Adult Member being added to Household	Date